

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
PLA Executive Director

Active MD/DO Renewal Form

Your MD/DO license in the state of Indiana expires on 10/31/2015. If you currently hold an active license you may renew online at www.pla.in.gov. If you hold an inactive license and would like to renew to an active status send this form with the renewal fee of \$200.00 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after 10/31/2015 you must include a \$50 late fee. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address

Licensee Name	License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS

1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	Yes No
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes No
3. Since you last renewed, have you been arrested or convicted for a crime that has not been expunged by an Indiana court?	Yes No
4. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action?	Yes No
5. Since you last renewed have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended or subjected to any restriction, probation, or other type of discipline or limitations?	Yes No
6. Since you last renewed have you been excluded from being a Medicare or Medicaid provider?	Yes No
7. Since you last renewed have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration?	Yes No

LICENSEE AFFIRMATION

I hereby swear or affirm under the penalties of perjury that I understand the Medical Licensing Board of Indiana statutes and rules, and have answered the questions true to the best of my knowledge.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at www.pla.in.gov. If you have any questions for the Medical Licensing Board please email pla3@pla.in.gov or call 317-234-2060.

FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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